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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				OATE SURVEY OMPLETED	
					C		
		HAL051041	B. WING		09/1	2/2016	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CLAYTO	N HOUSE	145 DAIR` CLAYTON	Y ROAD I, NC 27520				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Report of a Complaint Survey by Ed Miller on September 12, 2016.  The Complaint alleged that the facility had bed bugs.						
	submon March 15, for 60 beds.Therefor for conformance wi North Carolina Stat Homes for the Age Standards and Reg	ne facility was first licensed or 1985. The facility is licensed ore the facility was surveyed ith the 1978 edition of the te Building Code, the 1984 d and Infirm Minimum Desired gulations and the applicable 5 Rules for Adult Care Homes Beds.					
	The Complaint was	substantiated.					
	Deficiencies were of further action is req	cited during the Survey and quired.					
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166				
	orderly manner, fre hazards;	06 HOUSEKEEPING AND					
	Based on obse documentation and provide an environr	et as evidenced by: ervation, review of I interview, the facility failed to ment in accordance with this esence of bed bugs in multiple					

locations in the facility.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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INAME OF PROVIDER OR SUPPLIER  MANUAL PROVIDER OR SUPPLIER  TAGE  CLAYTON HOUSE  145 DAIRY ROAD CLAYTON, NC 27520  CLAYTON, NC 27520  CLAYTON, NC 27520  COMPLETED COMPLETED COMPLETED CLAYTON HOUSE  145 DAIRY ROAD CLAYTON, NC 27520  CLAYTON, NC 27520  CLAYTON, NC 27520  COMPLETED COMPLETED COMPLETED COMPLETED CLAYTON HOUSE  145 DAIRY ROAD CLAYTON, NC 27520  CLAYTON, NC 27520  CLAYTON, NC 27520  COMPLETED CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  COMPLETED	Division of Health Service Regulation							
NAME OF PROVIDER OR SUPPLIER  TAGE  CLAYTON HOUSE  SUMMARY STATEMENT OF DEFICIENCIES  (PACH DIFFICENCY MUST BE PRECEDED BY FULL REGULATORY OR 1.5° IDENTIFYMO INFORMATION)  CLAYTON, NC 27520  CT 166  Continued From page 1  C. 166  Continued From page 1  L. C. 166  Continued From page 1  L. C. 166  Continued From page 1  D. The source of the infestation of bed bugs has been identified in resident rooms 300, 302, 311, and 312.  D. The source of the infestation has not been determined.  C. Document review revealed that a pest control company treated for bed bugs starting on December 31, 2015 and have teated the following rooms since December 31, 2016. 101, 102, 103, 104, 202, 203, 204, 205, 206, 208, 209, 211, 213, 215, 300, 302, 211, 311  E. Further interview with Administrator and telephone call to Regional Director of Operations (September 13, 2016) revealed that the facility has no writen bed bug protocol. The Administrator verbally indicated that (1) staff have been incorporating some extra cleaning into their daily routine since the re-discovery of bed bugs in December, (2) Several wooden head boards have been replaced with metal ones. (3)  Adjustment holes in remaining wooden headboards have been replaced with metal ones. (3)  Adjustment holes in remaining wooden headboards have been sealed. In addition(4) the wooden headboards have a power, securing the edge stripping that has been identified as a place where bed bugs could be harboring. These grooves where being treated and sealed. (6) The amout of Furniture being brought in from the outside is being limited, and (7) Colthes and other items able to be laundered is being treated in the clothes dryer before being allowed into the facility.  Further interview with Administrator vereled	STATEMENT OF DEFICIENCIES		` '					
CLAYTON HOUSE   145 DAIRY ROAD   CLAYTON, NC 27520   CLAYTON, NC 27520	HAL0		HAL051041	B. WING				
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CLAYTON, NC 27520  RREERIX (RACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 166  C Continued From page 1  Findings on September 12, 2016: a. Interview with the facility Administrator revealed that a current infestation of bed bugs has been identified in resident rooms 300, 302, 311, and 312.  b. The source of the infestation has not been determined.  c. Document review revealed that a pest control company treated for bed bugs starting on December 31, 2015 and have teated the following rooms since December 31, 2016: 101, 102, 103, 104, 202, 203, 204, 205, 208, 209, 211, 213, 215, 300, 302, 311, 313.  e. Further interview with Administrator and telephone call to Regional Director of Operations (September 13, 2016) revealed that the facility has no writen bed bug protocol. The Administrator verbally indicated that (1) staff have been incorporating some extra cleaning into their daily routine since the re-discovery of bed bugs in December, (2) Several wooden headboards have been replaced with metal ones. (3) Adjustment holes in remaining wooden headboards have been sealed. (6) The amout of Furniture being brought in from the outside is being limited, and (7) Clothes and other items able to be laundered is being treated in the facility. f. Further interview with ministrator verelael	CL AYTO	N HOUSE	145 DAIR	Y ROAD				
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the facility is not taking any additional monitoring		c. Document review revealed that a pest control company treated for bed bugs starting on December 31, 2015 and have teated the following rooms since December 31, 2016: 101, 102, 103, 104, 202, 203, 204, 205, 206, 208, 209, 211, 213, 215, 300, 302, 311, 313.  e Further interview with Administrator and telephone call to Regional Director of Operations (September 13, 2016) revealed that the facility has no writen bed bug protocol. The Administrator verbally indicated that (1) staff have been incorporating some extra cleaning into their daily routine since the re-discovery of bed bugs in December. (2) Several wooden head boards have been replaced with metal ones. (3) Adjustment holes in remaining wooden headboard have been sealed. In addition(4) the wooden headboards have a groove, securing the edge stripping that has been identified as a place where bed bugs could be harboring. These grooves where being treated and sealed. (5) Some holes in ceiling had been sealed. (6) The amout of Furniture being brought in from the outside is being limited. and (7) Clothes and other items able to be laundered is being treated in the clothes dryer before being allowed into the facility. f. Further interview with Administrator revealed						

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revealed no mattresses were encapsulated and there are no climb up traps. There was no

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: <b>01</b>		(X3) DATE COMF	(3) DATE SURVEY COMPLETED	
		HAL051041	B. WING			C 1 <b>2/2016</b>	
	NAME OF PROVIDER OR SUPPLIER  CLAYTON HOUSE  STREET ADDRESS, CITY, STATE, ZIP CODE  145 DAIRY ROAD  CLAYTON, NC 27520						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
C 166	documented inspect activity. There was cleaning had been and furniture on a dg. Direct observat 09/12/2016 reveale bed rail in Bedroom upholstered chairs mattress had small	ctions by staff to identity new no indication that a thorough performed on affecterd rooms aily bases. ion of Resident rooms on d molted exoskeleton on the 302. Molted exoskeleton in in Bedrooms 203 & 205. One area of feces spots the corner guard at the left foot	C 166				

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